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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738901

1. Corporation Name
CONSTRUCTION ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3550 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309	3550 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/05/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0611422 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SIEGLE, JOHN C.
3550 N.W. 9TH AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	M SCOTT WHIDDON		1.2 NAME	James McConchie	
STREET ADDRESS	2627 S ANDREWS AVE		1.3 STREET ADDRESS	2150 NW 33rd ST., Suite C	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	DVP	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	THOMAS WELSH		2.2 NAME		
STREET ADDRESS	3400 SW 26TH TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	MARKS, DON		3.2 NAME		
STREET ADDRESS	4951 SW 36TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	MITCHELL, ROBERT		4.2 NAME		
STREET ADDRESS	1000 CORPORATE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, HARLEY		5.2 NAME		
STREET ADDRESS	614 S. FEDERAL HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIEGLE, JOHN		6.2 NAME		
STREET ADDRESS	3550 NW 9 AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/99 954-565-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)